

# Use of community treatment orders and their outcomes: an observational study

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**Declared competing interests of authors:** Scott Weich reports grants from the National Institute for Health Research (NIHR) Health Services and Delivery Research (HSDR) programme during the conduct of the study and reports that he is employed by Sheffield University, which receives grant funding from NIHR. He also reports other from NIHR Health Technology Assessment (HTA) outside the submitted work (i.e. membership of the HTA Clinical Evaluation and Trials Board and has been reimbursed for expenses only). Helen Parsons reports grants from NIHR during the conduct of the study. Graham Moon reports grants from NIHR and grants from Economic and Social Research Council during the conduct of the study. Patrick Keown reports grants from the NIHR HSDR programme during the conduct of the study and is a full-time NHS consultant working with patients who are detained under the Mental Health Act (Great Britain. *Mental Health Act*. London: The Stationery Office; 2007), including patients subject to community treatment orders.

Published February 2020

DOI: 10.3310/hsdr08090

## Plain English summary

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Health Services and Delivery Research 2020; Vol. 8: No. 9

DOI: [10.3310/hsdr08090](https://doi.org/10.3310/hsdr08090)

NIHR Journals Library [www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)

## Plain English summary

Community treatment orders were introduced in England in 2008. They allow patients detained in hospital for treatment of serious mental disorders to receive treatment in the community rather than in hospital. It was hoped that they would reduce the rate at which some patients returned to hospital.

Community treatment orders are used more than was expected and their use varies between patients and the areas in which they live and receive care. There is no clear evidence, however, that they are beneficial for patients, by reducing either the rate of re-admission or the time that they spend in hospital. The financial cost of community treatment orders is also unknown.

We used information on community treatment orders and hospital admissions among almost 70,000 patients, together with information from the national death registration system. We looked at how the use of community treatment orders varied between patients, areas and services. We also compared the time before re-admission to hospital, total time in hospital, and the rate of death among patients who had and had not been placed on community treatment orders.

Patients who were male, black or with a history of psychotic illness were more likely to be on community treatment orders, as were patients in some places, independent of personal characteristics. When we compared patients who were on community treatment orders with those who were not, we found no significant differences in rates of re-admission, or the time it took until first re-admission. We did find that community treatment order patients spent longer in hospital overall. This meant that their treatment costs were slightly higher. We also found that community treatment order patients were around 30% less likely to die than non-community treatment order patients, after taking account of their characteristics.

Community treatment orders in England do not appear to be effective in reducing future admissions or time spent in hospital, and do not reduce treatment costs. They may, however, reduce risk of death.



# Health Services and Delivery Research

ISSN 2050-4349 (Print)

ISSN 2050-4357 (Online)

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The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 14/52/40. The contractual start date was in March 2016. The final report began editorial review in November 2018 and was accepted for publication in September 2019. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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